

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90202 030 \*\*\*150.00

14005171



04192005 Chg-P CR2E034 (10/03)

4. FEI Number **31-1412013** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
NAME MANEY II, WILLIAM J PD  
STREET ADDRESS 250 EAST FIFTH STREET, STE. 1000  
CITY-ST-ZIP CINCINNATI, OH 45202

TITLE DVS ☐ Delete  
NAME MUETHING, MARK F DVS  
STREET ADDRESS 250 EAST FIFTH STREET  
CITY-ST-ZIP CINCINNATI, OH 45202

TITLE AT ☒ Delete  
NAME MISCHELL, THOMAS E AT  
STREET ADDRESS ONE EAST FOURTH STREET - 8TH FLOOR  
CITY-ST-ZIP CINCINNATI, OH 45202

TITLE T ☐ Delete  
NAME MILIANO, CHRISTOPHER P T  
STREET ADDRESS 250 EAST FIFTH STREET  
CITY-ST-ZIP CINCINNATI, OH 45202

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME DUTKIEWICZ, MATHEW T.  
STREET ADDRESS 525 VINE STREET  
CITY-ST-ZIP CINCINNATI, OH 45202

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T/D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**MARK F. MUETHING**  
**VICE PRES./SECRETARY**

4/22/05 (513) 579-2171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #